Early On® Oakland Request for Protected Health Information Directions

PURPOSE: This form should be used by Early On® personnel to collect protected health information about a child from a medical professional. It should be used when requesting information from a health department, doctor, hospital, mental health facility, or other health care provider. This form meets Health Insurance Portability and Accountability Act (HIPAA) requirements.

NOTE: *The "Early On® Oakland Request for Protected Health Information" form is ONLY when Early On® personnel needs information from a medical provider. Other information that is not medical in nature should be requested using the Early On® Oakland Request for Information (Non-Health) form.*

NOTE: *If using the "Early On® Oakland Health Appraisal" form for the health portion of the evaluation process, this release must be sent to the child's primary care physician or medical provider.*

Early On® Oakland Request for Protected Health Information

Record child's legal name, birthdate and parent or guardian's name in the top section of the form.

Medical Providers Authorized to Share Information with Early On®

Identify the medical provider who has information to share. If existing medical reports are available that will be used in place of an evaluation (or a component of an evaluation) be sure to include each provider that will be asked to share information. Be sure to include the specific information requested. It may be appropriate in some situations to request the child's entire record/file.

Review each of the bulleted statements with the parent/guardian. This portion of the form is not giving permission to share information, rather it is evidencing that the parent/guardian understands rights that he/she has in the consent or refusal to share information.

It is important to inform the family that giving consent for Early On® to share information is voluntary. If a family decides not to allow Early On® to share information, it is important to understand that it may limit the ways in which Early On® can help the family, or limit Early On®'s ability to gather information that can show if the child is eligible to participate.

Ask the parent/guardian to check the appropriate box to indicate either consent or refusal to share information. Only **one** of these boxes should be checked.

Have the parent sign/guardian sign and date the form.

NOTE: *A copy of the signed and dated "Early On® Oakland Request for Protected Health Information" form should be kept in the child's central Early On® record, which is maintained by the Service Coordinator. It is not necessary to send a copy to Early On® Oakland.*